

**APPLICATION FOR CONDITIONAL APPROVAL
TO OPEN A NEW INTERIM-PROGRAM SCHOOL
Under Rule 18: Regulations and Procedures
For the Legal Operation of Approved Interim-Program Schools**

Type of School:

Sponsoring Organization:

Check Appropriate Boxes: Elementary
 Middle
 Secondary

County Detention Home
 Institution
 Juvenile Emergency Shelter

Grades to be included: _____

Anticipated Daily Enrollment: _____

Name of Interim-Program School: _____

Street/Box #: _____ City: _____ Zip: _____ Phone: _____

County, Group or Individual Sponsoring the Interim-Program School: _____

Street/Box #: _____ City: _____ Zip: _____

School Contact Person: Name: _____ Street: _____

City: _____ Zip: _____ Phone: _____ E-Mail: _____

Has the State Fire Marshall's Office inspected and approved the proposed facility? Yes No

Has a study of the regulations of Rule 18 shown that the school above will be able to meet the regulations? Yes No

Has staff with proper Nebraska certification been secured to administer and teach in the proposed school? Yes No

If yes, please provide the following:

Position	Name	Certificate Number	Endorsement
-----------------	-------------	---------------------------	--------------------

System Administrator	_____	_____	_____
----------------------	-------	-------	-------

Principal (if applicable)	_____	_____	_____
---------------------------	-------	-------	-------

School Liaison	_____	_____	_____
----------------	-------	-------	-------

Teacher(s)	_____	_____	_____
------------	-------	-------	-------

Please list all the officers of the board or governing body:

Name:	Address:	Phone No.:
-------	----------	------------

Signature of contact person above: _____ **Date:** _____